



St. Croix Valley
Korean-American
Cultural Society, Inc.

dba Camp Choson

Date_____

2024 Camp Choson Financial Aid Request Form

In order for the Camp Choson finance committee to consider this application, all sections must be completed. If a particular line or section is not applicable, please write n/a or O. All of the information included on this application are for the use of the finance committee ONLY and will be treated with the strictest confidence. We attach the highest priority to assuring the privacy and dignity of our parents.

AS LIMITED FUNDS ARE AVAILABLE FOR FINANCIAL AID, PRIORITY WILL BE GIVEN TO THOSE APPLICATIONS SUBMITTED BY APRIL 18, 2024. In order to provide the most aid to families seeking assistance, Camp Choson is in a position to offer up to 50% off tuition based on need using federal poverty guidelines to assess that need. Additional discounts beyond 50% may be available based on parental volunteerism and available funds. Families seeking aid will be informed of their status by April 30th.

The finance committee welcomes any comments or additional information you would like considered.

Job Title/Profession Parent/Guardian #1:_____ Total Annual Income (Gross earnings)_____

Job Title/Profession Parent/Guardian #2:_____

Total Income: _____

Note: Applicants must attach a copy of their 2023 Federal Tax Returns.

Number of family members: _____

Number of volunteer hours parent(s) can offer for Camp Choson. _____

How much aid is requested? _____

Student Name:_____ Parent:_____

Address:_____

City/State/Zip:_____

Phone:_____ E-mail:_____

Additional comments to be considered for financial aid request:

Please email the completed Financial Aid Request Form and supporting documentation to the following email address

Doug Parish - Camp Choson Treasurer
campchosontreasurer@gmail.com
(651)-308-1239